



SCREENING & SUBMITTAL CHECKLIST

Large Multi Family Projects INDEX 5

Applicant Services Center
 700 Fifth Avenue, Suite 2000
 P. O. Box 34109
 Seattle, WA 98124-4019
Phone: (206) 684-8850
Hours: M/W/F, 7:30am-5:30pm; T/Th, 10:30am-5:30pm

Project Number: _____ **MT Number** _____ **Date:** _____

Project/Site Address: _____

Applicant Name: _____

☐ **CAM 106 General Standards** ☐ **Other CAMs:** _____

LU Screener (please initial) _____ **OS Screener (please initial):** _____

THIS CHECKLIST HAS BEEN PROVIDED TO ASSIST THE APPLICANT IN PREPARING A COMPLETE APPLICATION. COMPLETE APPLICATIONS CAN BE PROCESSED AND REVIEWED MORE EFFICIENTLY. PLEASE READ AND SIGN THE STATEMENT BELOW.

I verify that I am submitting all of the required submittals indicated, as appropriate to this project, on this checklist and I acknowledge that failure to submit all of these requirements may result in my application not being accepted and/or may extend the length of time needed to review the project.

Applicant Signature: _____ **Date:** _____

~ PLEASE REFER TO THE STANDARDS FOR FURTHER CLARIFICATION ~

LAND USE CONSIDERATIONS (check zoning and overlays and refer to Land Use Code for specific development standards:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use allowed Outright	<input type="checkbox"/>	<input type="checkbox"/>	Design review project # _____
<input type="checkbox"/>	<input type="checkbox"/>	Use allowed as Conditional Use	<input type="checkbox"/>	<input type="checkbox"/>	Project in Overlay District (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	SEPA required (DR 23-2000)	<input type="checkbox"/>	<input type="checkbox"/>	Project in Review District or Landmark
<input type="checkbox"/>	<input type="checkbox"/>	MUP Number _____	<input type="checkbox"/>	<input type="checkbox"/>	Mixed Use

CONSTRUCTION CONSIDERATIONS:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Project requires design professional stamp	<input type="checkbox"/>	<input type="checkbox"/>	Demolition is required
<input type="checkbox"/>	<input type="checkbox"/>	TI included in this permit	<input type="checkbox"/>	<input type="checkbox"/>	Tenant relocation is required
<input type="checkbox"/>	<input type="checkbox"/>	Means of Egress/Exiting covered	<input type="checkbox"/>	<input type="checkbox"/>	Phased construction
<input type="checkbox"/>	<input type="checkbox"/>	Accessibility/Barrier free design covered	<input type="checkbox"/>	<input type="checkbox"/>	H Occupancies, control areas
<input type="checkbox"/>	<input type="checkbox"/>	Mixed construction type	<input type="checkbox"/>	<input type="checkbox"/>	High Rise, Atrium – CAM 318
<input type="checkbox"/>	<input type="checkbox"/>	Height/Area/Type of construction covered	<input type="checkbox"/>	<input type="checkbox"/>	Curtain walls
<input type="checkbox"/>	<input type="checkbox"/>	Deep excavation at property line	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation (garage, corridor)

OTHER CONSIDERATIONS:

<input type="checkbox"/>	<input type="checkbox"/>	In Shoreline - see Index 15	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater, Grading & Drainage – see Index 14
<input type="checkbox"/>	<input type="checkbox"/>	In ECA - see Index 13			

TYPE OF PLANS TO BE SUBMITTED

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Completed coversheets for each set of plans	<input type="checkbox"/>	<input type="checkbox"/>	Survey (Topo survey with 2' contours if within 2' of height limit or using sloping lot height bonus)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Civil drawings or CSC Plan			

ARCHITECTURAL PLANS:

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plot plan – CAM 103, 103A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor plans
<input type="checkbox"/>	<input type="checkbox"/>	Building ID plan (if more than one building on site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Architectural notes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevation views
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Land Use notes and documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Building section
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Information – CAM 241	<input type="checkbox"/>	<input type="checkbox"/>	Reflected ceiling plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Code Analysis (Land Use and Building)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Construction details
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Means of Egress/Exiting plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landscape plans – DR 13-92

STRUCTURAL PLANS:

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Structural notes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof framing plans
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foundation plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Structural details
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor framing plan(s)			

MECHANICAL PLANS (if Mechanical permit included)

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Project required design professional stamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mechanical notes
			<input type="checkbox"/>	<input type="checkbox"/>	CAM 415

ADDITIONAL SUBMITTALS:

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of Pre-site Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment sizing for each unit
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of Soils Report	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Pre-submittal minutes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contact Disclosure Form	<input type="checkbox"/>	<input type="checkbox"/>	Special Inspection Forms
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Financial Responsibility Form	<input type="checkbox"/>	<input type="checkbox"/>	Parking Covenants (Site plan for
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agent's Letter of Authorization from owner			Covenant parking location required)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Structural calculations	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Approval from Special
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Target UA calculations			Review District or Landmark

NUMBER OF PLANS REQUIRED:

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4 sets	<input type="checkbox"/>	<input type="checkbox"/>	3 additional for Shoreline
<input type="checkbox"/>	<input type="checkbox"/>	1 additional for Health Department	<input type="checkbox"/>	<input type="checkbox"/>	1 additional for ECA
<input type="checkbox"/>	<input type="checkbox"/>	1 additional for SEPA, Conditional Use, etc.			

Comments:
